

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41375

State File No.

FILED JAN 7 1950

BIRTH NO. 86534-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5402

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jackson County Mo</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo 723</u>		d. STREET ADDRESS (If rural, give location) <u>4821 State Line Rd 8</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>No Name</u> b. (Middle) <u>Wolfson</u> c. (Last) <u>Wolfson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18, 1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec 17 - 1949</u>	9. AGE (In years last birthday) <u>7</u> IF UNDER 1 YEAR Months <u>7</u> IF UNDER 1 HR. Hours <u>7</u> Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Joseph Hospital Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herbert S. Wolfson</u>		13b. MOTHER'S MAIDEN NAME <u>Arene Bordman</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME <u>St. Joseph Hospital</u> ADDRESS <u>K.C. Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Malformation of Heart</u> ANTECEDENT CAUSES (b) <u>Transposition of Great Vessels</u> DUE TO (c) <u>Pulmonary Atelectasis</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7544
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from <u>Pat Hospital</u> to <u>Pat Hospital</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-18-49</u> , and that death occurred at <u>Pat Hospital</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Russell W. Kerr</u> (Deputy or title)		23b. ADDRESS <u>St. Joseph Hospital</u>		23c. DATE SIGNED <u>20 Dec 49</u>	
24a. BURIAL, CREMATION, REMOVAL	24b. DATE <u>20 Dec 49</u>	24c. NAME OF CEMETERY <u>MT. CARMEL</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson County Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-20-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Lewis</u> ADDRESS <u>Home K.C. Mo</u>		

Body not embalmed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *A. J. Lewis*

Licensed Embalmer No. *3110*

P. O. Address *Kansas City Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.